

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE; and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notifications of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24197 7590 97/19/2012  
**KLARQUIST SPARKMAN, LLP**  
121 SW SALMON STREET  
SUITE 1600  
PORTLAND, OR 97204

**FILED VIA EFS**  
ON 7/10/2012

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/770,562	01/26/2001	William J. Curatolo	8191-87018-01	8513

TITLE OF INVENTION: SOLID PHARMACEUTICAL DISPERSIONS WITH ENHANCED BIOAVAILABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$440	\$0	\$1300	\$440	10/10/2012
EXAMINER	ART UNIT	CLASS-SUBCLASS				
FUBARA, BLESSING M	1613	424-48900				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122 attached).

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

**Klarquist Sparkman, LLP**

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE: DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bend Research, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Bend, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies \_\_\_\_\_

4b. Payment of fee(s): (Please first reapply any previously paid issue fee shown above)

- A Check is enclosed.
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-4550**

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMA11. ENTITY status. See 37 CFR 1.27

b. Applicant is no longer claiming SMA11. ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature Lisa M. Caldwell

Date 7/10/12

Typed or printed name Lisa M. Caldwell

Registration No. 41,653

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